



Veteran Protégé Application

Last Revised November 2020



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SUBMISSION INSTRUCTIONS

1. Open this form in Adobe Acrobat Reader. ([Go here to install.](#))
2. Fill out the Protégé Eligibility section below and the Application on Pages 4-5.
3. Email this form to veterans@tabc.texas.gov or click the Submit button at the end of this form.

PROGRAM DESCRIPTION

The Texas Alcoholic Beverage Commission (TABC) Empowering Texas Veterans program is designed to motivate and encourage current business owners to provide beneficial developmental assistance to veteran entrepreneurs. Protégés can get valuable business development help from their mentors in several areas, including guidance on internal business management systems, accounting, marketing, manufacturing and strategic planning. The goals and objectives for this mentoring relationship are to:

- Develop a dynamic, collaborative relationship fostering professional growth.
- Work towards the development of an alcoholic beverage business plan.
- Introduce the protégé to best practices in the alcoholic beverage industry.

The program will identify the process mentors and protégés use to work together, and, in that same spirit of partnership, collaborate on the development of a work plan.

PROTÉGÉ QUALIFICATIONS

REQUIRED QUALIFICATIONS

- Have been in the alcoholic beverage industry for less than one year.
- Be honorably discharged from the military.
- Be willing to participate as a mentor in the future to other veterans that enter the alcoholic beverage industry.

APPLICATION

Use this application to request approval from TABC to participate as a **protégé** in the Empowering Texas Veterans Program. You must complete, sign and submit this form to be considered for participation in the program.

Respond to each item on the application. If an item is not applicable, enter "N/A" as your response.

1. **Applicant Name:** _____
2. **Applicant Address:** _____
3. **Applicant Phone Number:** _____
4. **Applicant Email Address:** _____
5. **Business Name:** _____
6. **Business Address:** Provide your business mailing address and physical address, if different than mailing address.
Mailing Address: _____
 - City: _____
 - State: _____
 - ZIP Code: _____
 - County: _____**Physical Address:** _____
 - City: _____
 - State: _____
 - ZIP Code: _____
 - County: _____
7. **Business Phone Number:** _____
8. **Business Website:** _____
9. **Business Tier** (manufacturer, distributor/wholesaler, retailer): _____
10. **TABC Permit Type and Number** (if held or known): _____
11. **Business Description:** _____

12. Areas of Desired Guidance: Mark all the areas you would be willing to receive guidance on:

- | | |
|--|--|
| <input type="checkbox"/> <i>Business Planning</i> | <input type="checkbox"/> <i>Bonding and Insurance</i> |
| <input type="checkbox"/> <i>Business Legal Issues</i> | <input type="checkbox"/> <i>Cost Estimating</i> |
| <input type="checkbox"/> <i>Bookkeeping/Accounting</i> | <input type="checkbox"/> <i>Competitive Market Place</i> |
| <input type="checkbox"/> <i>Business Permits</i> | <input type="checkbox"/> <i>Business Market Analysis</i> |
| <input type="checkbox"/> <i>Business Presentation Skills</i> | <input type="checkbox"/> <i>Business Marketing Plans</i> |
| <input type="checkbox"/> <i>Business Management</i> | <input type="checkbox"/> <i>Project Planning/Mtg.</i> |
| <input type="checkbox"/> <i>Business Technology</i> | <input type="checkbox"/> <i>Quality Assurance</i> |
| <input type="checkbox"/> <i>Business Processes</i> | <input type="checkbox"/> <i>Operations Budgeting</i> |
| <input type="checkbox"/> <i>Business Financial Planning</i> | <input type="checkbox"/> <i>Organizational/Structure</i> |
| <input type="checkbox"/> <i>Inventory Control</i> | |
| <input type="checkbox"/> <i>Business Writing Skills</i> | |

List any other areas desired guidance:

13. Describe your company's goal(s) in becoming a protégé:

By signing this document, you are attesting that:

I am the owner or authorized representative of the business identified within this document. I understand that participation in TABC's Empowering Texas Veterans Program is voluntary. I also understand that the Program's intent is to foster positive, long-term business relationships. I, the undersigned, on behalf of the business participating in the Empowering Texas Veterans Program, agree that the business and all its employees, officials and agents will conduct themselves at all times in accordance with the highest business ethics and appropriate business conduct. I also understand that all information provided on this application, if applicable, is open to public disclosure.

Printed Name of Applicant Protégé:

Signature of Applicant Protégé:

Date: _____

For TABC staff use.
You do not need to complete the remainder of this document.

PROTÉGÉ ELIGIBILITY

REQUIRED QUALIFICATIONS:

- ☐ Have been in the alcoholic beverage industry for less than one year.

- ☐ Be honorably discharged from the military.

- ☐ Be willing to participate as a mentor in the future to other veterans that enter the alcoholic beverage industry.

NOTES/COMMENTS:

TABC Representative: _____

Date: _____

Commission's Acceptance of Application: _____